

Mental Health Redesign and Implementation Task Force

Milwaukee County Mental Health Complex – Day Hospital Cafeteria

Wednesday, October 2, 2013

3:00 – 5:00 p.m.

Representatives: Barbara Beckert (Disability Rights Wisconsin); Serge Blasberg (Quality AT); Héctor Colón (Milw. Co. DHHS); Kristina Finnel (Community Linkages AT); Rachel Forman (Grand Avenue Club); Shawn Green (Cultural Intelligence AT); Peter Hoeffel (Person-Centered Care AT); Rochelle Landingham (Cultural Intelligence AT); Jim Mathy (Community Linkages AT); Mary Neubauer (Continuum of Care AT); Tom Nowak (Midwest Community Services); Joy Tapper (Milw. Health Care Partnership); Peggy Romo West (Milw. Co. Board of Supervisors); John Yopps (Quality AT); Nathan Zeiger (MC3)

Staff/Guests: Kathie Eilers; Matthew Fortman; David Johnson; Jim Kubicek; Angie Moran; Rachel Niemann; Chyra Trost

Welcome and introductions

Mr. Carlson called the meeting to order. The [September 4 meeting minutes](#) were approved.

Six-month review of progress on SMART Goals

The Redesign Task Force conducted a self-assessment of its progress on the SMART Goals and achievement of the respective Performance Targets (PT). Action Team leaders and staff provided updates with supporting data. Progress status was rated on the following scale:

Likert Scale for Rating Progress on Performance Targets	
#	Definition
1 (Lo)	Little or no progress
2	Some progress; somewhat behind schedule
3	Average progress; on schedule for completion
4	Good progress; somewhat ahead of schedule
5 (Hi)	Excellent progress; TO/PT completed far ahead of schedule

Goal 1: Improve satisfaction and recovery outcomes

PT 1.1: Improvements in MHSIP satisfaction scores for BHD inpatient and community services

Status: 3 – On pace – Mid-2013 (Acute): Improvement in four (4) of six (6) domains, greatest in Environment (6%), Dignity (8%) and Outcome (11%)

PT 1.2: Improvements in Vital Voices satisfaction scores for BHD Crisis Services

Status: N/A – Vital Voices conducted in-depth interviews in 2013 in the Stabilization Homes, Observation Unit, Crisis Resource Centers, and CLASP, but interviews are not conducted annually; PT may require revision

PT 1.3: 80% adherence to person-centered core competencies in operated/contracted services

Status: 1 – Little or no progress – Relates to components of Goal 3, collaboration needed between PCCAT, WFAT, and QAT

PT 1.4: Integration of substance use disorder and mental health services

Status: 3 – On pace – Implementing IDDT at Community Services Branch, BHD Day Treatment, and eight (8) community agencies; movement toward “one front door” for mental health and substance use disorders

- PT 1.5: Establishment of a consistent mechanism for using person-centered stories in quality improvement
Status: 2 – Some progress – Personal & Family Stories Workgroup (Quality AT) working with Sue McKenzie (Rogers InHealth/WISE)

Goal 2: Promote stigma reduction in Milwaukee County

- PT 2.1: Presentations in 18 Supervisory Districts with average of 55 residents in attendance
Status: 3 – On pace – Presentation curriculum developed; arranging logistics for initial sessions (Districts 5 and 10 combined, District 12 next); expect to exceed attendance target
PT 2.2: Dissemination of Stigma Reduction Message to MKE Residents
Status: 3 – On pace – Strong attendance at NAMI's "Pieces" performances; dissemination of Rogers InHealth/WISE's "In Our Own Voice" videos; planned presentations

Goal 3: Improve the quality of the mental health workforce

- PT 3.1: Establishment of person-centered workforce competencies
Status: 1 – Little or no progress – Relates to PT 1.3 and needs collaboration between Person-Centered Care AT, Workforce AT, and Quality AT
PT 3.2: Adoption of person-centered workforce competencies by 50% of contracted providers
Status: 1 – Little or no progress – Contingent upon achievement of PT 3.1
PT 3.3: Completion of plan for retention of mental health nurses
Status: 2 – Some progress – Briefing on Nursing's Voice initiative scheduled for November Task Force meeting; Nursing's Voice education and networking event in October
PT 3.4: Establishment of training slot for 2014-15 (MCW-BHD partnership)
Status: N/A – Target unclear; conferring with BHD Medical Staff Services
PT 3.5: Baseline on racial/ethnic composition of mental health workforce
Status: 1 – Little or no progress – Referring to Cultural Intelligence AT; Quality AT suggests some data may be available in Affirmative Action plans

Goal 4: Expand the network of Certified Peer Specialists who are well trained, appropriately compensated, effectively engaged with peers, and whose services are eligible for Medicaid reimbursement

- PT 4.1: Increase number of Certified Peer Specialists by 20%
Status: 2 – Some progress – Increased from 52 to 54 Certified Peer Specialists; pass rate lower than expected on state certification exam, which is being revamped; further training and certification opportunities are coming soon
PT 4.2: Increase number of programs employing Certified Peer Specialists from 8 to 15
Status: 3 – On pace – All TCM providers are employing Peer Specialists, and requirements go into effect for CSPs in 2014 (hiring anticipated in 1Q)
PT 4.3: Implement one peer-operated program
Status: 3 – On pace – Peer-run drop-in center included in budget proposal, starting April 2014

Goal 5: Improve the coordination and flexibility of public and private funding committed to mental health services

- PT 5.1: Analysis (mapping) of public and private behavioral health resources
Status: 2 – Some progress – Consultation with Public Policy Forum and BSG, as well as internal research and analysis at BHD
PT 5.2: Approval of CRS implementation by Milwaukee County government
Status: 5 – Excellent progress – CRS implementation approved in July 2013; BHD moving forward in collaboration with contracted providers

Goal 6: Establish a mechanism to publicly chart system quality indicators that reflect progress on Redesign SMART Goals

PT 6.1: Publish dashboard and progress report to chart progress on SMART Goals

Status: 2 – Some progress – Progress recorded on Performance Targets, reports to Task Force and County Board in October 2013; charts/explanations to be posted online

Goal 7: Develop a structure for ongoing system improvement and oversight of the Mental Health Redesign process

PT 7.1: Define and implement formal partnership for continuous behavioral health system quality improvement in Milwaukee County

Status: 3 – On pace – Stable partnership among regularly participating stakeholders; aim to increase involvement from private sector, i.e., hospitals

Goal 8: Improve crisis access and response to reduce Emergency Detentions

PT 8.1: Decrease number of Emergency Detentions by 10% from 2012 baseline

Status: 3 – On pace – 3345 EDs as of 6/28/13, projecting total of 6690 (reduction of 7% from 2012); change since 2010 is particularly compelling and positive (19% fewer EDs)

PT 8.2: Increase percentage of voluntary crisis intervention events

Status: 2 – Some progress – Data compiled by BHD Administration shows slight decrease in percentage of voluntary PCS visits, but amidst lower overall volume at PCS

PT 8.3: Increase percentage of individuals seen at PCS who have Person Centered Crisis Plans

Status: 5 – Excellent progress – BHD Crisis Services had crisis plans on file for 350 individuals (157% increase over 2012) through May 2013

PT 8.4: Maintain baseline volume at Access Clinic

Status: 3 – On pace – 2013 volume to exceed 2012; additional clinic site proposed for 2014

Goal 9: Improve the flexible availability and continuity of community-based recovery supports

PT 9.1: Establish four-level continuum of TCM services

Status: 5 – Excellent progress (Complete) – Recovery Case Management (piloted by Milwaukee Mental Health Associates) added in April 2013, complementing three existing levels of TCM

PT 9.2: Increase number of TCM slots by 6% (90 slots)

Status: 5 – Excellent progress (Complete) – Addition of Recovery Case Management, plus additional Level I caseloads contracted with Bell Therapy in April 2013

PT 9.3: Establish two additional psychosocial rehabilitation benefits – Comprehensive Community Services (CCS) and Community Recovery Services (CRS)

Status: 4 – Ahead of pace – CRS implementation underway; CCS planned for 2014

Goal 10: Improve the success of community transitions after psychiatric hospital admission

PT 10.1: Decrease PCS 90-day recidivism rates from 32.2% to 27.0%

Status: 3 – On pace – 2013 YTD PCS 90-day recidivism rate is currently 30.0%

PT 10.2: Decrease BHD inpatient 90-day readmission rates from 24.1% to 22.0%

Status: 4 – Ahead of pace – 2013 YTD Acute Adult 90-day readmission rate is 19.8%

Goal 11: Improve the economic security of persons with mental illness by increasing utilization of disability-related benefits including SSI/SSDI and Medicaid

PT 11.1: Increase in number of persons receiving assistance to complete SSI/SSDI applications

Status: 2 – Some progress – Winged Victory Project providing baseline data, serving as partner; Continuum of Care AT workgroup focusing on issue

PT 11.2: Increase in number of SSI/SSDI applications approved

Status: (See PT 11.1)

Goal 12: Increase engagement of individuals with mental illness in employment, education, or other vocational-related activities

- PT 12.1: Increase engagement of SAIL enrollees in employment or pursuit of employment
Status: 3 – On pace – Implementation of IPS Supported Employment; Grand Avenue Club utilizing CDBG funds for a job creation initiative
- PT 12.2: Increase employment among Wiser Choice consumers
Status: N/A – Clarification needed on data source

Goal 13: Improve access to (and retention in) recovery-oriented supportive housing for persons with mental illness who are homeless or inadequately housed

- PT 13.1: Increase (10%) in number of persons discharged from inpatient services and CBRF who transition to supportive housing
Status: 3 – On pace – Data being tracked, seeing increases as Housing Division is working with private hospitals (Community Intervention Specialist) and starting Pathways to Permanent Housing
- PT 13.2: Increase (2%) number of consumers in County Shelter+Care who are retained for 6 months or more
Status: 3 – On pace – Historical data is completed to compare to 2013 and 2014 outcomes
- PT 13.3: Create 25 new units of permanent supportive housing for persons with mental illness
Status: 4 – Ahead of pace – Over 80 units planned for 2014
- PT 13.4: Decrease in number of persons identified as homeless who were previously tenants in County Shelter+Care
Status: 3 – On pace – Data currently being tracked using Service Point data system to compare to 2013 and 2014 outcomes

Goal 14: Improve criminal justice and mental health system collaboration to reduce inappropriate incarceration of people with mental illness

- PT 14.1: Create data link enabling individuals with mental health needs to be successfully diverted to crisis intervention services
Status: 3 – On pace – Link established between BHD and law enforcement, specifically focusing on high utilizers of both systems; staff and Community Justice Council determining most efficacious and person-centered application of linkage

Goal 15: Improve access to non-hospital intervention and diversion services for people in a mental health crisis to reduce unnecessary acute hospital admissions

- PT 15.1: Reduction (15%) in admissions to BHD inpatient units
Status: 2 – Some progress – Projected total of 1497 admissions (reduction of 9.3% from 2012)
- PT 15.2: Decrease BHD inpatient 90-day readmission rates from 24.1% to 22.0%
Status: 4 – Ahead of pace – 2013 YTD Acute Adult 90-day readmission rate is 19.8%

Goal 16: Improve the level of cultural intelligence (CQ) operating in all components of the behavioral health system

- PT 16.1: CQ System Improvement Plan
Status: 2 – Some progress – Utilizing the Civil Rights Compliance Plan as a template to develop draft CQ requirements for providers
- PT 16.2: CQ Assessment Instrument identified/created and used in 60% of programs
Status: 3 – On pace – Technical assistance from SAMHSA to develop self-assessment tool
- PT 16.3: CQ training program established and implemented for 75% of staff

Status: 3 – On pace – Technical assistance from SAMHSA, including a CQ overview, strategy sessions with AT members, and discussion of training curriculum with the Kenner Group

PT 16.4: Improved access to translator/interpreter services

Status: 2 – Some progress – Some agencies identified as providers of translation services

The Task Force will use these progress appraisals to determine its scope of work and the appropriate focal points for its Action Teams and stakeholders over the next six to nine months, attentive to the July 2014 target date for many of the SMART Goals. The review process has revealed some targets and data sources that need clarification (“N/A” status above), and those tasks are underway. The present assessment is self-imposed monitoring rather than a final evaluation of the SMART Goals. The progress assessment will also be presented (with further updates) on October 30 to the Health and Human Needs Committee of the County Board. A spreadsheet of the progress assessment will thereafter be regularly maintained and hosted on the website for redesign initiatives.

Membership and participation in implementation and Action Team activities

Members discussed fluctuating participation on some Action Teams and the need for targeted outreach to private providers – including the hospital systems – and stakeholders with expertise relevant to particular SMART Goals, Performance Targets, and Tactical Objectives. Mr. Carlson attended a recent MC3 meeting and appreciated that collaboration and potential for further recruitment of crossover participants. Ms. Neubauer suggested that Action Team leaders put in writing their specific membership requests or needs related to particular Objectives and Targets.

Open public comment

Supervisor Romo West announced that the County Board’s public hearing on the 2014 budget will take place Monday, November 4, at 4:00 p.m. at the Milwaukee County War Memorial Center (750 N. Lincoln Memorial Drive).

Meeting closure

The next meeting of the Redesign Task Force is Wednesday, November 6, 3:00 to 5:00, in the Day Hospital Cafeteria at the Mental Health Complex. The agenda-setting meeting will be Monday, October 21, 3:30 to 5:00, at Aurora Psychiatric Hospital, Building 1.